



AF/3724

Patitioner's Docket No. 019502.0014US1

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Earl J. Votolato

Application No.: 09/804,451

Group No.: 3724

Filed: 03/12/2001

Examiner: T. Druan

For: Utility Knife Tool

**RESPONSE UNDER
37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP
3124**

RECEIVED

MAR 12 2003

TECHNOLOGY CENTER R3700

Box AF
Commissioner for Patents
Washington, D.C. 20231

AMENDMENT OR RESPONSE AFTER FINAL REJECTION--TRANSMITTAL

1. Transmitted herewith is an amendment after final rejection (37 C.F.R. 1.116) for this application.

STATUS

2. Applicant is a small entity. A statement was already claimed.

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

(When using Express Mail, the Express Mail label number is *mandatory*;
Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

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37 C.F.R. § 1.8(a)

37 C.F.R. § 1.10*

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TRANSMISSION

☒ facsimile transmitted to the Patent and Trademark Office, (703) 872-9303.

Erika Simpson

Date: March 4, 2003

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) Claims Remaining After Amendment		(Col. 2) Highest No Previously Paid For	(Col. 3) Present Extra	SMALL ENTITY Rate	Addit Fee
Total	10	Minus	20	= 0	x \$9 =	\$0
Indep	1	Minus	3	= 0	x \$42 =	\$0
First Presentation of Multiple Dependent Claim					+ \$140 =	\$0
Total Addit. Fee						\$0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
*** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

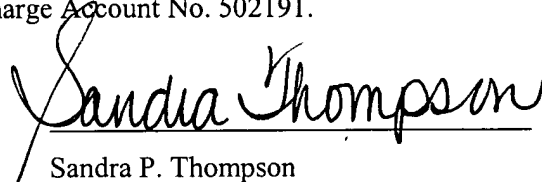
No additional fee for claims is required.

FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 502191.

If any additional fee for claims is required, charge Account No. 502191.

Date: 3/4/2003



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